

**CITY OF WOODSTOCK**  
**2017 Pawn/Precious Metals Dealer License Renewal Application**

12453 Hwy 92  
Woodstock, Georgia 30188  
(770) 592-6054 [businesslicense@woodstockga.gov](mailto:businesslicense@woodstockga.gov)

\*\*A separate Occupational Tax License Renewal Application is due in addition to this form\*\*

☐ PAWN BROKER

☐ PRECIOUS METALS OR GEMS DEALER

REGULATORY FEE: \$500.00

**BUSINESS INFORMATION**

Full Name of Business: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Street Address of Business: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

☐ Sole Proprietorship    ☐ Partnership    ☐ Corporation    ☐ Domestic    ☐ Foreign

**OFFICE USE ONLY:**

**Received** \_\_\_\_\_

**Amount paid \$** \_\_\_\_\_    ☐ **Check #** \_\_\_\_\_    ☐ **Money Order #** \_\_\_\_\_

**Note: Office recommendation:** Any office recommending denial shall attach written justification and any documents necessary to support the recommendation then forward to the next office for review.

_____ Development Services Signature	_____ Date	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete	_____ Comments
_____ Community Development Signature	_____ Date	<input type="checkbox"/> Requirements met	<input type="checkbox"/> Recommend Denial	_____ Comments
_____ Records Signature	_____ Date	<input type="checkbox"/> Requirements met	<input type="checkbox"/> Recommend Denial	_____ Comments
_____ Police	_____ Date	<input type="checkbox"/> Requirements met	<input type="checkbox"/> Recommend Denial	_____ Comments

**APPLICANT/OWNER INFORMATION***Consent Form Required*

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ # of Years: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ # of Years: \_\_\_\_\_

Applicant's Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a U.S. Citizen: ☐ Yes ☐ No If not, where are you a citizen? \_\_\_\_\_

Applicant's Current Position with Business: \_\_\_\_\_

Percent of Ownership or Interest in this Business: \_\_\_\_\_% Number of Years with this Business: \_\_\_\_\_

Occupation for Last Five Years: \_\_\_\_\_

Are you married? ☐ Yes ☐ No If yes, please answer the following:

Spouse's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Does Spouse Have 10% or More Interest in this Business? ☐ Yes ☐ NoHave you ever been convicted of a felony? O.C.G.A. 43-37-2 (d) ☐ Yes ☐ No

If yes, please give name, association with business, the year of conviction and the crime as charged: \_\_\_\_\_

A copy of the ordinance has been submitted to you for reference. Please read carefully and follow the instructions accordingly.

I have received a copy of the City of Woodstock Precious Metals and Gems Ordinance:

\_\_\_\_\_  
Applicant Signature

**ADDITIONAL OWNER INFORMATION**

***Consent Form Required (duplicate as needed for additional Owners- required for all officers and stockholders with 10% or more interest)***

Partner #1 Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ # of Years: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ # of Years: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a U.S. Citizen: ☐ Yes ☐ No If not, where are you a citizen? \_\_\_\_\_

Percentage or Interest of Ownership: \_\_\_\_\_

Occupation for Last Five Years: \_\_\_\_\_

Has this person been convicted of a felony? O.C.G.A. 43-37-2 (d) ☐ Yes ☐ No

If yes, please give name, association with business, the year of conviction and the crime as charged: \_\_\_\_\_

Does this person own any property within the corporate boundaries of the City of Woodstock? ☐ Yes ☐ No

If yes, please give property tax map and parcel number and street address:

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Street Address: \_\_\_\_\_

**EMPLOYEE INFORMATION \*\*\* DUPLICATE THIS PAGE AS NEEDED FOR ALL EMPLOYEES\*\*\***

*O.C.G.A. 43-37-2 (C) Consent Form Required for each employee*

Employee's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License # \_\_\_\_\_ State: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ # of Years: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ # of Years: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a U.S. Citizen? ☐ Yes ☐ No If not, where are you a citizen? \_\_\_\_\_

Percent of Ownership or Interest in this Business: \_\_\_\_\_ % Number of Years with this Business \_\_\_\_\_

List Responsibilities as Employee: (Attach another sheet, if more room is needed). \_\_\_\_\_

Occupation for Last Five Years: \_\_\_\_\_

Does the employee own any property within the corporate boundaries of the City of Woodstock? ☐ Yes ☐ No

If yes, please give property tax map and parcel number and street address:

Tax Map: \_\_\_\_\_ Parcel#: \_\_\_\_\_ Street Address \_\_\_\_\_

Have you ever been convicted of a felony? O.C.G.A. 43-37-2 (d) ☐ Yes ☐ No

If yes, please give name, association with business, the year of conviction and the crime as charged: \_\_\_\_\_

Are you married? ☐ Yes ☐ No If yes, please answer the following:

Spouse's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Does Spouse have 10% or more interest in this business? ☐ Yes ☐ No

**CITY OF WOODSTOCK**

12453 HWY 92  
Woodstock, Georgia 30188  
(770) 592-6005

**REQUEST FOR CRIMINAL AND/OR  
DRIVING HISTORY****CONSENT FORM**

*Please Duplicate As Needed For All Employees*

**Purpose of Request:**

- ☐ Massage Therapy License  
☐ Precious Metals/ Pawn License  
☐ Vehicle for Hire License or Driver's Permit  
☐ Malt Beverages/Wine/Distilled Spirits License

**Type Information Requested:**

- ☐ Criminal History  
☐ Driver History

I hereby authorize the City of Woodstock, Georgia to receive any criminal and/or driver history pertaining to me which may be in the files of any state, federal or local criminal justice agency. PLEASE TYPE/PRINT

\_\_\_\_\_  
Last Name First Name Middle Name Maiden

\_\_\_\_\_  
Street Address Apartment Number

\_\_\_\_\_  
City State Zip County

\_\_\_\_\_  
Sex Race Height Weight Eyes Hair

\_\_\_\_\_  
Date of Birth Place of Birth Social Security Number

\_\_\_\_\_  
Drivers License Number State Expiration Date

\_\_\_\_\_  
Signature Date

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_